

**DECLARATION - USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name;

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled MUSCARINIC M1 RECEPTOR AGONISTS FOR PAIN MANAGEMENT; the specification of which was filed on **March 26, 2004** as Application Serial No. **10/809,975**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Codes § 119(e) of any United States provisional application(s) listed below.

Application No.: 60/459,045

Filing Date: March 28, 2003

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: **Robert E. Davis**

Inventor's signature

Robert E. Davis

Date

October 21, 2004

Residence: **13272 Glencliff Way, San Diego, California 92130**

Citizenship: **United States**

Mailing Address: **13272 Glencliff Way, San Diego, CA 92130**

Full name of second inventor: **Kimberly Vanover**

Inventor's signature  _____

Date 18 OCTOBER 2004

Residence: **13066 Candela Place, San Diego, California 92130**

Citizenship: **United States**

Mailing Address: **13066 Candela Place, San Diego, CA 92130**

Full name of third inventor: **Mario Rodriguez**

Inventor's signature _____

Date _____

Residence: **4235 Kaula Place, Lihue, Hawaii 96766**

Citizenship: **United States**

Mailing Address: **4235 Kaula Place, Lihue, HI 96766**

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Customer No. **20,995**

Full name of second inventor: **Kimberly Vanover**

Inventor's signature _____

Date _____

Residence: **13066 Candela Place, San Diego, California 92130**

Citizenship: **United States**

Mailing Address: **13066 Candela Place, San Diego, CA 92130**

Full name of third inventor: **Mario Rodriguez**

Inventor's signature _____

Date _____

Residence: **4235 Kaula Place, Lihue, Hawaii 96766**

Citizenship: **United States**

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